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the 1981
White House
Conference
on
Aging

ORIGINAL

Executive Summary of
Technical Committee
on

CREATING AN AGE INTEGRATED
SOCIETY: IMPLICATIONS FOR
SPIRITUAL WELL-BEING

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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I. INTRODUCTION

Spiritual Well-being addresses the collective concerns of society which are both religious and secular in nature. The background and issues paper on Spiritual Well-being for the 1971 White House Conference on Aging stated that, "Spiritual Well-being pertains to inner resources, especially a person's ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or non-religious—which guides a person's conduct, the supernatural and non-material dimensions of human nature."

Since the days of the founding of our republic, religious leaders and institutions have played a central role in meeting the social welfare and other human needs of the American people, especially those of the elderly. Today religious leaders and agencies are in the forefront of movements that advocate support of income maintenance, health care, housing, social security, and appropriate social services for older adults, as well as other Americans.

Americans benefit from the network of agencies sponsored and operated by religious groups serving older persons in every city. Memberships in institutional religious bodies number in excess of 146,000,000 and constitute the largest group of community centers of caring and fellowship for older adults. Furthermore, churches and synagogues provide significant potential resources for voluntary involvement in healing, supportive, and educational services to older Americans. As communicators of moral and spiritual values, churches and synagogues uphold the dignity of life of older persons, as well as enhance the meaning of life, give strength to deal with stress and conflict, and offer unique resources to deal with the reality of dying and death.

The religious sector translates theological, ethical, and spiritual values into secular language and practice. This report deals with such values within the context of spiritual well-being from the perspective of institutional religion in America, acknowledging that though the religious community is predominately from mainstream Roman Catholic, Protestant, and Jewish bodies, many other religious bodies are a part of the picture in our pluralistic society.

II. MAJOR FINDINGS

Previous White House Conferences have enlisted vigorous support from persons concerned with the spiritual needs of older Americans. The resources and commitments of the religious sector have been evident. The creation of a volunteer Coalition of 31 religious bodies to respond to the 1971 White House Conference on Aging recommendations in the area of spiritual well-being and to the report as a whole has significantly impacted the field of aging in the past decade. This continuing exploration of the mission of the religious sector in the field of aging has extended to the surveying of 111 national denominational offices and more than 135 seminaries and schools of religious education.²

In 1975 this Coalition developed an interfaith definition of spiritual well-being: "Spiritual Well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness."³ Within this group of religious bodies, commitments to ministry both with and for the elderly have increased in the past decade and many have formulated position or policy statements.⁴ Much of the policy reflected in these statements has resulted in the increase of gerontological training in religious sponsored schools, programs and services, plus greater cooperation with local and network aging efforts.

The focus of this discussion is narrowed in view of the charges to the other 15 technical committees. However, spiritual well-being is not a transient matter. We note therefore: (1) materials prepared for the spiritual well-being section of the 1971 White House Conference on Aging, (2) the subsequent responses by organizations within the religious community to those recommendations,⁵ (3) the output in the 1977 National Intra-decade Conference on Spiritual Well-being of the Elderly, and (4) the report of the National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA, a "mini-conference." The Symposium examined values from a secular-humanist as well as religionist perspective. Two points emerged: 1. spiritual well-being of the elderly is as important as their need for health care, housing, and other physical sustenance and, 2. spiritual, ethical, and moral principles are basic in developing just and effective national policy for citizens of all ages. The consensus of human worth emerging from differing ideological perspectives provides such a common base.

Other technical committees have within their charges issues tied to ethical, social and moral questions, especially quality of life, bio-medical issues, distribution of national resources for health care, income maintenance, and housing. Here, the concerns of the religious sector and those of secular ethicists find common ground. While a society based on a single religious view would violate constitutional freedom, in America's pluralism, society cannot function solely on secular ethics.

III. KEY ISSUES

Most of us would agree that America faces crucial decisions in regard to the status, contributions, and well-being of the aged. The technical committee's viewpoint is that factors that contribute to the well-being of the aging, which is vital to society, have dimensions which are spiritual and moral, as well as physical, political and financial. Just as the government's legislative, judicial, and executive branches function collectively, but with separation of powers, so our society must coordinate, stimulate, and facilitate the mediating structures of church, state, and private sectors as equal voices. This committee identified the following key conceptual issues and practical roles to be included in the development of a national policy for aging in America in this decade:

A. Wholistic Aging Policy and Spiritual Well-being

The creation of an age-integrated society implies integrity across the life continuum. It also implies a wholistic approach which is necessary if the individual or society in its collective parts are to experience unifying integrity and fulfillment.

No society neglecting, mistreating, or isolating any age group can long survive. Elements of expanding pluralism, changing demography, growing technology, and limited national resources can be detrimental to common good without national policy linked to constitutional values of human equality, liberty, and rights of life and the pursuit of happiness for all. Therefore, national policy in aging is properly stated in wholistic contemporary terms.

1. *Spiritual Well-being*—Spiritual well-being and religious experience are often sidelined as optional or peripheral. A wholistic view of the individual, on the other hand, sees him or her as functioning being, coordinating virtually the physical, emotional, intellectual, spiritual, and social dimensions of life as an inextricable totality. Change of one dimension affects the whole.

Neglect of one dimension diminishes all. Support of this view of the individual requires a resonant response from society to organize its functions, processes, services, and policies in support of wholeness.⁶

Spiritual well-being is well beyond the religious domain. Compartmentalization limits social attitudes. Neglect of the values underlying the spiritual needs and natures of individuals denegrates the spiritual to second-class status. The spiritual is not, however, exclusively religious, but pertains to intangible, non-material, supernatural characteristics, qualities, or needs, which all human beings possess. Thus, the 1971 White House Conference on Aging Background Paper on Spiritual Well-being concludes, "That all (persons) are 'spiritual' even if they have no use for religious institutions and practice no personal piety..."⁷ National policy must therefore include all aspects of life experience, including the spiritual.

If we lack definition or clarity, or feel uncomfortable with the spiritual as part of the whole of life, we must all the more include it in our research and service goals to improve the total well-being of older persons. This approach requires that both secular and religious sector not speak of "wholeness," "integrated," and "total person" when the spiritual aspect of life is limited from consideration.

B. Religious Institutions as Architects of Societal Attitudes

Religious institutions form one of the largest groupings of American society; and, as advocates for the elderly, they are capable of bringing awesome pressure to bear on decision and policy-makers to produce creative change. On the other hand, as many concerned individuals and groups rightly point out, status quo often persists because church and synagogue do not live up to their own Judeo-Christian standards.⁸ Life fulfillment is seriously curtailed in a culture where attitudes, policies and programs place restrictions on the aging person's opportunities for self-expression, improvement, and involvement.

The decades of the 1960s and 1970s have seen profound changes in the values and belief systems in our nation, especially as these relate to changing roles of women and men, family structures, attitudes toward the young and old, and changes in modes and fashions of worship. These changes and those in our economy and lifestyles affect our values and attitudes and are reflected in national policy. One of the great challenges facing religious institutions is the reshaping of societal attitudes and the re-direction of social trends so critical to the achievement of an age-integrated society.

While few people today accept uncritically the teaching of religious institutions in regard to their behavior in everyday life, nevertheless, great potential lies with such institutions to significantly influence community thinking and behavior. Both lay and professional members of religious institutions need to become informed about the needs of the aging and of availability of resources to older people.

Done ecumenically, public and private sector partnership will produce the greatest effect. Local and regional counterparts of agencies such as the National Interfaith Coalition on Aging can work for better housing, recreation, social services, medical care, and especially for positive and supportive attitudes toward older members of the community. Religious institutions have demonstrated their effectiveness as advocates for the disabled, minorities, and refugees and can do the same for senior citizens. Such activities move policy towards wholistic well-being for all age groups.

As a proponent of the personal worth of the individual and the wholeness and fulfillment in each person's life, the religious sector can act as a unique catalyst in guiding society toward a more just and humane policy in aging.

C. Religious Institutions as Providers of Services

Religious institutions are mediating structures in American society. Particularly, local congregations provide a place of identity, belonging and refuge, support rights of the individual, and, at times, facilitate the individual's relationship to power structures. Such mediation ranges from advocacy on behalf of older people to services to assist in self-care or total care of the person, as needed.

Historically, both institutional and community-based services by and for older persons have been created and operated under religious auspices. Adult day care, senior centers, residential homes, nursing and health care centers, and a variety of personal support services of a "hands on" nature give substance to espoused concerns. With a growing number of vital older persons not in institutional care or in need of specific services, denominational programs logically extend the life-enrichment opportunity and involvement of older persons as volunteers in the service of others.

Just as important is the need to include older adults in the life, worship, and social activities of the congregation. While institutional services of a public or private nature tend to be more formal and structured, religious institutions are uniquely equipped to provide services of an informal nature through congregations to meet many of the needs of elders in the community.

1. *Family*—The local congregation should assist families and those who aid in caring for frail elderly at home. Traditionally, the family has been responsible for its older members, as well as for its children. A family setting is appropriate to accommodate the different periods of aging, although the norm of a four-generation family complicates matters. Today, however, as the older population increases, the structure and functions of families are changing as well. Mobility, smaller houses, employment of women and other changes make it more difficult to provide at home for the older family member's special needs. In many instances, religious institutions with which the family has been associated function as the best agency through which needed services may be provided for the elderly. Most congregations have trained clergy and lay leadership and increasing accessibility to community and professional services. In dignity and freedom, services rendered through local congregations can carry the overtones of advocacy, protection, and concern once provided in the family setting.

In a technological age, where productivity and family mobility accelerate, norms are not established for accompanying societal changes. In many cases old values are displaced in the wave of change, leaving ethical decisions and societal values to operate on expediency. Organized religious bodies can help preserve dignity in aging by mediating and supplementing programs established by every level of government. They may also properly influence national policy.

D. The Role of Religious Institutions in Meeting the Spiritual Needs of the Elderly

"The concerns and resources of communities of faith for their aging are as old as the communities themselves. Church and synagogue contribute directly to quality of life of the aging by fostering spiritual well-being. . . ." By definition, spiritual well-being moves beyond specific religious arenas to wholeness of the individual and the quality of life. The religious community provides a milieu in which concerns for the spiritual needs of older adults may be nurtured and enhanced. While spiritual well-being applies without regard to age, the vicissitudes of growing older provide unique opportunities for spiritual growth essential to wholeness in the individual.

Acknowledgement of the spiritual nature of persons can put trials and satisfactions of life into a sane perspective.

The spiritual cannot be separated from the physical but rather transcends and permeates life to give it its fullest meaning. Thus, spiritual well-being and spiritual values have a bearing on the total personality and total society. It is precisely at the point of acknowledgement of the total needs of older people that the religious sector may address the whole society, speaking effectively to the phenomenon of aging and aiding in the fulfillment of persons and the humanization of bureaucracy and technology. It is equally important that the religious sector, through its congregations and agencies, encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

However religious bodies define their own spiritual and theological mission, older persons must receive such ministry in terms of their own faith. Whether through sacraments, scriptures, worship or other familiar means of grace, churches and synagogues have a responsibility for outreach, inclusion and spiritual succor to older congregants.

IV. RECOMMENDATIONS

Movement toward an age-integrated society requires major change in the thinking and attitudes of all groups and professions. The success of such a future society will require the acceptance of a more wholistic philosophy of life-span development and planning and lifelong learning appropriate to every stage of life. Basic and continuing gerontological education for all professions and service domains concerned with older people must include explicit recognition of spiritual and ethical concerns of aging.

When human values and social ethics are considered, the traditional roots of those values cannot be lightly considered. Historically, the constitutional formulae reflect the transcendent nature of the faiths who sought separation of church and state as protection of not from cherished values and spiritual principles. These formulae, in themselves, recognize the power and place of religious faith and practice to the individual and in the liberty and well-being of the nation. In this spirit, we propose the following:

Recommendation 1: We call on both "church" and "state" at all levels, to discover and develop policy which, in keeping with traditional, constitutional principles, promotes the highest cooperation, interaction, and partnership to:

- a. provide education for aging;
- b. deliver adequate services; and
- c. consider the wholistic needs of each individual throughout the life span.

Recommendation 2: We urge religious institutions to examine the work of their boards and agencies, as well as the entire range of their programs, to assure that:

- a. standards conform to traditions revering long life and dignity;
- b. activities promote the worth of persons and enable their continued life-long growth; and
- c. professionals foster attitudes which prevent "ageism", "gerontophobia", and "dependency".

Recommendation 3: We urge upon all levels and agencies of government the inclusion of religious sector instrumentalities as appropriate agencies through which publicly funded programs for the elderly may be administered.

Recommendation 4: We call upon religious, secular, public, and private educational institutions to:

- a. adopt the view that the older person is a whole person, having spiritual, as well as physical and psychological needs, and
- b. include in education/training programs skills for addressing spiritual needs and care of the elderly as a means of coping with all aspects of aging, including dying and death.

Recommendation 5: We call upon both secular and religious service providers to

develop and provide services which, in style and substance, acknowledge and meet the wholistic needs of the older person (physical, mental, economic, psychological, and spiritual).

Recommendation 6: National policy should recognize that spiritual care meets a legitimate human need and is, therefore, a reimbursable service, when included as a component part of institutional or community-based intensive services, such as those in hospitals, nursing homes, hospice, clinical pastoral counseling and care services, home health or mental health clinics.

V. REFERENCES

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5. "Response Statements to Spiritual Well-being Recommendations of the 1971 White House Conference on Aging," (National Interfaith Coalition on Aging, Inc., 1976), pp. A35-A70 in *The Religious Sector Explores Its Mission in Aging*.
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7. D.O. Moberg, *Spiritual Well-being*, 1971, p. 3.
8. Gray Panthers Testimony, "Hearing on American Values in National Policy, National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA," (National Interfaith Coalition on Aging, Inc., October, 1980).
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The following Technical Committee Summaries have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

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